PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

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Incert Priority Information (If appropriate)	
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COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

ATTORNEY DOCKET NO.
1600-0129P

A	s a below	named in	ventor, I	hereby	declare th	nat; my	residence	post off	ice addres	s and
citizen	ship are as	stated nex	ct to my n	ame; tha	at I verily	believe t	hat I am t	he origin	al, first an	d sole
	or (if only									
below)	of the sub	ject matte	r which i	s claime	d and for	which a	patent is	sought c	n the inve	ntion
entitled	4. *						-	_		

Tide	below) of the subject matter entitled: *	r which is claimed and	for which a patent is sough	nt on the invention				
		MING AND MOLDED	OBJECT OBTAINED B	Y DIP FORMING				
k Box If optional — les Without fication	☐ The Specification Serial No. ☐ was filed as PCT ☐ June 26, 2000 (if applicable).	was filed on and was amend international application _ and was amended under _ and was amended u	number PCT/JP00/04 or PCT Article 19 on	s assigned				
			lerstand the contents of the any amendment referred to					
	I acknowledge the duty Code of Federal Regulation	to disclose informations, §1.56.	material to patentability as	defined in Title 37,				
	America before my or our in any country before my or of that the same was not in pur- prior to this application, to inventor's certificate issued States of America on an ap twelve months (six months) or inventor's certificate on the	nvention thereof, or pateur invention thereof, or blic use or on sale in the hat the invention has before the date of this a plication filed by me of for designs) prior to this his invention has been	vas ever known or used in the ented or described in any print of more than one year prior to be United States of America mot been patented or made pplication in any country formy legal representatives or application, and that no applied in any country foreign to gal representatives or assigns	nted publication in o this application, nore than one year the subject of an reign to the United assigns more than plication for patent o the United States				
	I hereby claim foreign papplication(s) for patent or		Fitle 35, United States Code, isted below:	§119 of any foreign				
	Prior Foreign Application(s)			Priority Claimed				
Priority union coprinte)	11-181165 (Number)	Japan (Country)	06/28/1999 (Month/Day/Year Filed)	⊠ □ Yes No				
ioprisity	11-182428 (Number)	Japan (Country)	06/28/1999 (Month/Day/Year Filed)	Yes No				
	11-215284 (Number)	Japan (Country)	07/29/1999 (Month/Day/Year Filed)	Yes No				
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No				
	(Number)	(Country)	(Month/Day/Year Filed)	. 🗎 📮 Yes No				
	All Foreign Applications, Months (6 Months for De	if any, for any Patent signs) Prior To The Fil	or Inventor's Certificate Filing Date of This Application	ed More Than 12 n:				
	Country	Application	No. Date of Fili	ng (Month/Day/Year)				
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application: (Application Serial No.) (Filing Date) (Status — patented, pending, abandoned)							
	(Application Serial No.)	(Filing D	ate) (Status — pate	ented, pending, abandoned)				

*NOTE: Must be completed.

I hereby appoint the following attorneys to prosecute this application and/or an international application based on this application and to transact all business in the Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the attorneys identified below, unless the inventor(s) or assignee provides said attorneys with a written notice to the contrary:



RAYMOND C. STEWART (Reg. No. 21,066)
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(Rayland 3-92)

Send Correspondence to:

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Falls Church, Virginia 22040-0747 Telephone: (703) 241-1300

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Full Maime of First or Sale	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		'OATE				
Insert Date This Document is Signed	Katuo	HAGIWARA	Katuo Nagin	vard.	bec. 21,20 0 1				
Insert Residence	RESIDENCE (City, State	A Country)		CITIZENSHIP					
Intert Citizenship	Kawasaki-shi, Kanagawa, Japan 🕠 🗘 Japanesa								
	POST OFFICE ADDRESS (Complete Street Address including City State & Country)								
Insert Post Office Address	POST OFFICE ADDRESS (Complete Street Address Including City, State & Country) C/O ZEON CORPORATION, Research & Development Center, 2-1, Yako 1-chome, Kawasaki-ku, Kawasaki-shi, Kanagawa, 210-9507 Japan								
Full Name of Second	GIVEN NAME FAMILY NAME INVENTOR'S SIGNATURE . DATE								
Invantor, If any:			5	},/	1				
3 ted above	Hisanori	OTA ,	Hianoni C	la	Dec. 21, 2001				
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	c/o ZEON (POST OFFICE ADDRESS (complete Sines Address including City, State & Country) C/O ZEON CORPORATION, Research & Development Center, 2-1, Yako							
		(awasaki-ku, Ka	wasaki-shi, Kana	gawa, 210-9	07 Japan				
Full Name of Third Inventor, If any:	GIVÊN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		DATE				
see above	(_L		1				
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Pull Name of Fourth Inventor, if any:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		;DATE				
see above .	ļ]						
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Full Name of Fifth Inventor, it any:	GIVEN NAME	FAMILY NAME	INVENTOR'S SIGNATURE		*DATE				
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*Note: Must be completed — date this document is	1								
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Page 2 of 2 (USPTO Approved 3-90)									